

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P93000040509

1. Entity Name  
MAIN STREET PREMIUM FINANCE COMPANY



Principal Place of Business  
3250 NO. 29TH AVENUE  
HOLLYWOOD, FL 33020 US

Mailing Address  
PO BOX 220066  
HOLLYWOOD, FL 33022 US



01092006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

WYMAN, JASON A  
3250 NO. 29TH AVENUE  
HOLLYWOOD, FL 33020

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11000000386558  
01/19/06-80005-003 150.00

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME WYMAN, JASON A  
STREET ADDRESS 3250 NO. 29TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE V  
NAME SHELDON, HARVEY A  
STREET ADDRESS 3250 NO. 29TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE T  
NAME HEMPHILL, JAMES A  
STREET ADDRESS 3250 NO. 29TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE S  
NAME FLOYD, CHARLOTTE A  
STREET ADDRESS 3250 NO. 29TH AVENUE  
CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JASON A. WYMAN 11-06

954-920-6766